

ACTIVATED CLOTTING TIME COMPETENCY LIST
NEPHROLOGY/DIALYSIS, Walter Reed Army Medical Center, Washington, D.C. 20307-5001

Assigned Work Area: _____
Specialty Area: Point of Care /ACT

Indicate (by checking either "YES" or "NO" in the columns below) whether the persons named below are required to demonstrate competency on the tasking list . When the competency test has been successfully achieved, enter the date and the initials of the Authorized Supervisor entering the result.

| Personnel List | Last Six Digits of Social Security | YES | NO | Date Completed | Auth. Init. |
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List approved by: _____ Date: _____